

REQUEST FOR HEARING IGNITION INTERLOCK VIOLATION

This Request for a Hearing is pursuant to Michigan Vehicle Code, R 257.313a(11)(b)

I request a hearing before the Office of Hearings and a REVOCATION/DENIAL due to an ignition interl e postmarked or submitted electronically within 14 day	ock violation. NOTE: Thi	is request for hearing must be
AFFIRMATIVE AI	DDRESS STATEMENT:	
The address on my master driving record is c	orrect. Send all correspon	ding documents to this address.
OR, I wish to receive correspondence throug Name:	h U.S mail at the following	g alternate address:
OR, I wish to receive all notifications concerning this case electronically at the following email address:		
	@	
Electronically submit a hearing request through the Driver Appeal Integrated System (DAIS). Go to: www.michigan.gov/sos in the search box type "Preparing for Your Driver License Appeal Hearing".		
CHANGE OF ADDRESS If you need to inform the Department of State of an official change of address you may do so by: 1. Calling 1-888-SOS-MICH (888-767-6424) and requesting a Change of Address form. 2. By faxing the completed Change of Address form to (517) 335-4329. 3. Or going to www.michigan.gov/sos and typing Change of Address in the subject box.		
Print Name:	Signature:	Date of Birth:
Driver's License #	Telephone:	Date:

Mail to: Michigan Department of State
Office of Hearings and Administrative Oversight
P.O. Box 30196
Lansing, MI 48909-7696

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